



MOVING DAY TWIN CITIES

Moving Day Walk Name _____

Walker First Name & Last Name _____

Team Name _____

Walker Email _____

Walker Donation Collection Form

Make all checks payable to:

Parkinson's Foundation Minnesota

Donor Name	Donor Address	Donor Email	Check # or Cash	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

TOTAL CASH & CHECKS \$

Turn in this form with your donations the day of the walk or mail them to:
Parkinson's Foundation Minnesota Chapter
Attn: Moving Day Twin Cities
8085 Wayzata Blvd., Suite 100
Golden Valley, MN 55426
Information: 763-545-1272